Thus, the lowest concentration where a developmental adverse effect was observed was 500 μg/m³ from the Dorman *et al.* (2005a) study, based on decreased liver weight. This value, therefore, is the most appropriate value for comparison to the neurological effects NOAEL of 60 μg/m³ from the occupational studies. As discussed in our publication (Bailey *et al.* 2009), conversion of the rodent developmental LOAEL of 500 μg/m³ to a human equivalent NOAEL_[HEC] results in a value of 32 μg/m³ for continuous exposure (compared to a value of 21 μg/m³ for continuous exposure to 0.04 μg/m³). In addition, as discussed below, recent pharmacokinetic data suggest that fetal and neonatal Mn brain concentrations were not very different from adult Mn brain concentrations following exposure to 0.05, 0.5, and 1 μg/m³ Mn in air. These studies provide sufficient evidence to suggest that developmental effects from inhalation of Mn are not more sensitive than neurological effects, and therefore neurological effects remain the most appropriate endpoint for reevaluation of the Mn RfC.

A.2.4 Recent pharmacokinetic data that are relevant to re-evaluation of the Mn RfC

There have been recent advances in the understanding of the pharmacokinetics of inhaled Mn in potentially sensitive individuals. This has been extensively studied and reviewed by Dorman *et al.* (2004, 2005a,b, 2006a,b) where the authors compared the Mn brain concentrations of healthy young adult male rats to rats that were considered to reflect potentially susceptible subpopulations (aged; abnormal hepatobiliary function; sub-optimal iron or Mn intake; and fetuses, neonates, and children). The authors concluded that inhaled Mn particles result in "qualitatively similar end-of-exposure brain Mn concentrations" in the potentially susceptible subpopulations as compared to healthy young adult male rats.

More recently, physiologically-based pharmacokinetic (PBPK) models for inhaled Mn have been developed which provide a thorough quantitative analysis of Mn tissue concentrations in rats (Teeguarden et al., 2007a,b,c; Nong et al., 2008), including placental transfer to fetuses (Yoon et al. 2009a), lactational transfer to pups (Yoon et al., 2009b), and in non-human primates (Nong et al., 2009). Andersen et al. (2010) summarized these PBPK models, describing how the models consider ingestion and inhalation kinetics of Mn along with homeostatic control of Mn. In addition, a recent presentation of the Mn PBPK models described a human fetus and neonate model developed by extrapolation from the rat PBPK model (Clewell 2010). As described by Clewell (2010), the human model predicted similar Mn tissue concentrations (from Mn exposure concentrations ranging from 1 to 10 µg/m³) in the target brain region

¹⁴ See description below.

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in the human fetus and nursing infant compared to those in the mother and other adults. Application of these PBPK models to Mn risk assessment is warranted, as described by Andersen *et al.* (2010), Clewell (2010) and others in recent reviews (Santamaria and Sulksy, 2010; Boyes, 2010).

In addition, as described in Andersen et al. (2010), the non-human primate PBPK model indicates that the "globus pallidus is not expected to accumulate Mn during exposures below ~10 μg/m³, which is well above current Mn RfC and typical environmental levels." Similar results are described by (Clewell 2010) from the human PBPK model. The monkey and human PBPK studies suggest that concentrations below 10 μg/m³ Mn in air are not likely to lead to increased Mn brain concentrations in human fetuses, children, and adults. An accumulation threshold for Mn is biologically plausible because Mn is an essential nutrient, and homeostatic control mechanisms limit accumulation of essential nutrients at doses less than an accumulation threshold (Santamaria, 2008). This accumulation threshold should be considered in any inhalation risk assessment for Mn.

A.2.5 Proposed Mn RfC from Bailey et al. (2009)

As discussed above, the three most appropriate occupational studies for re-evaluation of the Mn RfC, based on using a NOAEL as a point of departure, are those by Gibbs $et~al.~(1999)~(NOAEL=66~\mu g/m^3)$, Deschamps $et~al.~(2001)~(NOAEL=57~\mu g/m^3)$, and Young $et~al.~(2005)~(NOAEL=58~\mu g/m^3)$. Because these NOAELs are all very close to $60~\mu g/m^3$, we chose $60~\mu g/m^3$ as the point of departure for derivation of one Mn RfC. We derived two Mn RfCs, following standard US EPA methodology (US EPA, 1994, 2002): one based on the NOAEL of $60~\mu g/m^3$, and another based on the 95% lower confidence limit on a benchmark dose associated with $10\%~extra~risk~(BMDL_{10})^{15}~derived$ by Clewell $et~al.~(2003)~(200~\mu g/m^3)$. As described in Bailey et~al.~(2009), and based on the studies available at the time, we calculated Mn RfCs of $2~\mu g/m^3~(based~on~the~NOAEL)$ and $7~\mu g/m^3~(based~on~the~BMDL)$. These RfCs were calculated as follows:

First, the points of departure were adjusted to reflect continuous exposure (as opposed to occupational exposure).

NOAEL_[HEC] = NOAEL x 5/7 days x
$$10/20 \text{ m}^3/\text{day}$$
 (1)
BMDL_[HEC] = BMDL x 5/7 days x $10/20 \text{ m}^3/\text{day}$

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¹⁵ The term "BMD" is used here to be consistent with the terminology used by Clewell et al. (2003), although it is technically referred to as a Benchmark Concentration (BMC).

Using a NOAEL of 60 μ g/m³ results in a NOAEL_[HEC] = 60 μ g/m³ x 5/7 days x 10/20 m³/day = 21 μ g/m³. Similarly, using the BMDL₁₀ of 200 μ g/m³ derived by Clewell *et al.* (2003) results in a BMDL_[HEC] of 71 μ g/m³.

The RfCs were then calculated based on application of appropriate uncertainty factors (UF):

$$RfC = NOAEL_{[HEC]} \text{ or } BMDL_{[0]HEC]}/UFs$$
 (2)

We applied a UF of 10 for intraspecies variability, based on the data available at the time, leading to an RfC of 2 μ g/m³ (21 μ g/m³ / 10) from the NOAEL and 7 μ g/m³ (71 μ g/m³ / 10) from the BMDL₁₀. As described in Bailey *et al.* (2009), the current data suggest that additional UFs are not necessary for Mn species differences in toxicity or for subchronic exposures. In addition, as discussed above, there is no need to add a UF for developmental effects.

Although the more recent PBPK models discussed here suggest that a UF of 10 may not be necessary for fetuses, neonates, or children, a UF of 10 may still be necessary based on other potentially sensitive subpopulations (aged; abnormal hepatobiliary function; and sub-optimal iron or Mn intake). In addition, given the possibility of a threshold of $10~\mu g/m^3$, it may not be health protective to derive a Mn RfC that exceeds the threshold value. Our RfCs fall just below the proposed threshold.

A.2.6 Recent draft Mn inhalation toxicity criteria from ATSDR and California EPA

ATSDR and California EPA have recently proposed DRAFT Mn inhalation toxicity criteria (ATSDR, 2008; OEHHA, 2008; Winder *et al.* 2010). These values and their bases are summarized in Table A.2.

Both the ATSDR and California EPA point of departure values (BMCLs of $142 \mu g/m^3$ and $72 \mu g/m^3$, respectively) are very similar to those used in our analysis. ATSDR incorporates a UF of 10 to account for intraspecies variability, and another UF of 10 to account for differences in toxicities in different Mn species, database limitations and sensitivities to children, for a total UF of 100, and a draft minimal risk level (MRL) of $0.3 \mu g/m^3$ (6-fold higher than the current RfC). California EPA applies a UF of 100 for intraspecies variability, and a UF of 3 for use of a subchronic study, for a draft reference exposure level (REL) of $0.09 \mu g/m^3$ (1.8-fold higher than the current RfC). As discussed above, recent

PBPK models suggest that a UF for sensitivity to children, neonates, and fetuses, is not necessary, and a UF of 10 should be sufficient for other potentially sensitive subpopulations. Further, as discussed in Bailey et al. (2009), a UF for different Mn species is also not necessary because the toxicity value is based on the more common environmental form of Mn (i.e., the less soluble Mn oxides, commonly generated from metallurgical processes such as steel production) and therefore would be most generally applicable. It may be appropriate to adjust the toxicity values for more soluble forms of Mn (e.g., Mn sulfates) on a case by case basis. Or, if an adjustment factor is applied to account for differences in toxicity of Mn species, an adjustment should be allowed for exposures to less bioavailable Mn species¹⁶. Finally, as discussed in our paper (Bailey et al. 2009), a UF for use of a subchronic study is not necessary. As described by Clewell et al. (2003), analysis of the dose response data for subclinical effects of Mn provides evidence that exposure concentration is the determining factor for the appearance of subclinical effects, and not exposure duration.

Before finalizing these draft toxicity values, ATSDR, California EPA, and other regulatory agencies should consider the recent PBPK models discussed here that: 1) address intraspecies variability and sensitivity to children, neonates, and fetuses; and 2) suggest a potential threshold exists (10 μg/m³), likely due to the fact that Mn is an essential metal, below which Mn brain concentrations are not likely to increase in adults, children, neonates, and fetuses.

¹⁶ It is important to point out that the PBPK studies that suggest an accumulation threshold for Mn in the brain of 10 μg/m³ were conducted with the more soluble, more bioavailable, and potentially more toxic Mn sulfates (Nong et al., 2009; Andersen et al., 2010).

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Table A.1 Chronic Inhalation Manganese Occupational Studies Published in or After 1992 (from Bailey et al., 2009)

Reference	Location	Exposed Population (n)	Non-exposed Population (n)	Mean Exposure Duration (years)	Neurological Tests Employed	NOAEL (μg/m³)	LOAEL (μg/m³)	Findings Statistically Significantly Associated with Mn
Study used as Roels et al. (1992)	Belgium	Dry alkaline battery workers (92)	Polymer processing factory workers (101)	5.3	Visual reaction time Hand-eye coordination Hand steadiness Audio-verbal short term memory	NA	Geometric Mean (SD) Respirable Mn: 150 (Lifetime Integrated Exposure of 793 µg/m³/ 5.3 years) Personal sampler	Visual reaction time Hand-eye coordination Hand steadiness
COHORT 1			CONTRACTOR OF	THE PERSON NAMED IN		THE RESERVE	Sampler	
Chia et al. (1993)	Singapore	Milling plant baggers (17)	Hospital housekeeping workers (17)	7.4	Digit span Santa Ana dexterity test Digit symbol test Benton visual retention test Pursuit aiming test Finger tapping Trail making test	NA	Mean total Mn (95% CI): 1,590 (1,190- 1,990) Personal sampler	Motor speed Visual scanning Visuomotor coordination Visuomotor and response speed Visuomotor coordination and steadiness

COHORT 2		T	1 1 2 2 2	1		I a sale		
Mergler <i>et al.</i> (1994)	Quebec	Workers at ferro/silico manganese plant (115)	Workers from neighboring plants (145)	16.7	Motor functions Sensory functions Speech initiation and regulation Attention, concentration, and memory Cognitive flexibility Profile of mood states	NA	Arithmetic mean respirable Mn: 122 Personal and stationary samplers	Emotional state Motor functions Cognitive flexibility Olfactory perception threshold
Bouchard et al. (2006a,b)	Follow-up of Mergler et al. (1994) cohort SW Quebec	Former workers from ferro/silico manganese plant (77)	Workers from neighboring plants (81)	15.7	Neuropsychiatric symptoms (brief symptom inventory) Global indices of distress Neurobehavioral tests (Motor Scale of the Luria-Nebraska Neuropsychological Battery, finger-tapping, dynamometer, Nine-Hole Hand Steadiness, Cancellation H, Trail Making A&B, Stroop color-word test, digit span, delayed word recall, symbol digit modalities test) Profile of mood states	NA	Arithmetic mean respirable Mn: 122 Personal and stationary samplers	Depression and anxiety Poorer scores on the Luria Motor Scale, the Hand Steadiness Test, and the color-word trial of the Stroop Color-Word test as well as the Confusion- Bewilderment POMS scale

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COHORT 3								
Gibbs et al. (1999)	Northern Mississippi	Alkaline battery plant workers with recent (63) and/or historical (12) exposure	Pigment-grade titanium dioxide plant workers (73) and sodium chlorate production facility workers (at alkaline battery plant) (2)	12.7	Hand/eye coordination Hand steadiness Complex reaction time Rapidity of motion Steadiness Tap time	Arithmetic mean (SD) respirable Mn: 66 (59) Personal sampler	NA	None
COHORT 4								
Lucchini et al. (1995)	Italy	Male workers from Italian ferro-alloy plant (58) during forced cessation of work (1-42 days). High exposure (19), medium exposure (19), low exposure (20)	None	13.8 (high) 11.8 (medium) 12.9 (low)	 Simple reaction time Shapes comparison Additions Symbol digit Finger tapping Digit span 	None Range of geometric means (over 10 years) total Mn: 124-319 Personal and stationary samplers	Range of geometric means (over 10 years) total Mn: 270- 1,590 Personal and stationary samplers	Additions Symbol digit Finger tapping Digit span

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Lucchini et al. (1999)	Follow-up of Lucchini et al. (1995) Italy	Ferro-alloy male workers (61)	Maintenance and auxiliary workers from a local hospital (87)	15.2	 Addition, digit span, finger tapping, symbol digit Motor tasks (openclosed hand tests, thumb-finger touch tests) Postural tremor Coordination (hand pronation/supination, reaction time) Symptoms 	NA	Geometric mean total Mn; 96 µg/m³ (Geomean Cumulative Exposure Index of 1,113 µg/m³ from mid group / geomean of 11.51 years) Personal and stationary samplers	 Irritability, loss of equilibrium and rigidity Symbol digit, finger tapping, and digit span tests
COHORT 5								
Crump and Rousseau (1999) ^a	Belgium	Manganese oxide workers (114)	Chemical Plant (104)	14	Short-term memory Hand-eye coordination Hand steadiness Visual reaction time	NA	Median total Mn: 970 ^b Personal sampler	None

	G.F	6.7	6.3	6.2	6.1	6.7	6.2	4	6.7	63	ω	43	0	43	Q)	63	O	0	0	0	Ü	40	0	0	0	0	0	0	3	0	Q.	0	4	3	Q.	4	0	4	4	6	U	U	4
400	1			1	1	4	-	-			1		-				100		-		-		-	-	-	-		-	-	-	-		-	-	-	-	-	-	-	-	-	-	-

COHORT 6			1 22 2 2 1	100000			15000	
Deschamps et al. (2001)	France	Enamels production workers (138)	Technicians from public service employers and laborers from local municipal operations (137)	19.9	Sensory and motor exam of cranial nerves Fine-touch, motor, and sensory exam of power of all main muscle groups Reflex test Cerebellar abnormalities Tests of domains of speech regulation and initiation, attention, concentration, and memory, cognitive flexibility, and affect Questionnaire for neuropsychological status	Arithmetic mean (SD) respirable Mn: 57 (84) Personal sampler	NA	The visual gestalt test score was higher in workers exposed to Mn for 11-15 years, but the authors attribute this to the higher technical skills of this group of six workers. This is supported by a lack of doseresponse relationship, as no statistically significant effects were noted in the four people exposed 16-19 years or the 69 people exposed for 20+ years.

COHORT 7				-				
Bast-Pettersen et al. (2004)	Not stated	Mn alloy plant workers (100)	Silicon and microsilica plant and titanium dioxide slag and pig iron plant workers (100)	20.2	Cognitive functions (Wechsler's adult intelligence scale, digit symbol, trail making test, Stroop test) Motor tests (hand steadiness/tremor/Klove -Matthews Static readiness test, TREMOR test) Motor speed/grip strength (finger tapping, foot tapping, dynamometer, grooved pegboard, CATSYS, Luria-Nebraska thumb- finger touch, simple reaction time, hand eye coordination)	NA	Arithmetic Mean (range) respirable Mn: 64 (3-356) Personal sampler	Postural tremor in visuall guided tremor tests Increased duration of contacts Larger frequency dispersion of tremor Tremor increased in exposed smokers vs. non-smokers

Young et al. (2005)	South Africa	Manganese smelter	Electrical assembly plant	18.2	Digit-span (forward and backward), digit	Median (range)	NA	Statistically significant associations observed for
[Note: Myers et al. (2003) observed similar results in the same cohort based on total manganese concentrations]		workers (509)	workers (67)		symbol, Santa Ana Mean reaction time, tapping dominant and non-dominant hand, endurance CATSYS, tremor, and sway Luria-Nebraska test	respirable Mn: 58 (3-510) Exposure indices attributed or interpolated from 98 personal samplers		almost all neurological tests. These occurred primarily with concentrations < 100 µg/m³, above which the relationships were "flat." Thus, these effects are likely not to be treatment-related.

^a Study of the same cohort of Mn-oxide salt workers as that in Roels et al. (1987), ^b From Roels et al. (1987), as presented in IRIS.

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Table A.2
Current and Proposed Mn Inhalation Toxicity Criteria

Agency	Exposure Period	Point of Departure x HEC Conversion ^a	Uncertainty Factors	Value (μg/m³)
US EPA (1993)	Chronic Reference	150 μg/m³ LOAEL x 5/7 days x	10 (intraspecies)	
(current)	Concentration (RfC)	10/20 m ³ /day = 50 μg/m ³ (Roels <i>et al.</i> , 1992)	10 (database limitations: Mn species; subchronic study; lack of developmental data) 10 (use of a LOAEL) 1000 (TOTAL)	0.05
ATSDR (2000)	Chronic Minimal Risk	74 μg/m³ BMCL ₁₀ x 5/7 days x	10 (intraspecies)	
(current)	Level (MRL)	$8/24 \text{ h/day} = 18 \mu\text{g/m}^3$ (Roels <i>et al.</i> , 1992)	10 (database limitations: Mn species; lack of developmental and reproductive data) 5 (sensitivity children) 500 (TOTAL)	0.04
ATSDR (2008) (draft)	Chronic Minimal Risk Level (MRL)	142 μ g/m ³ BMCL ₁₀ x 5/7 days x 8/24 h/day = 33 μ g/m ³ (Roels <i>et al.</i> , 1992)	10 (intraspecies) 10 (database limitations: Mn species; sensitivity to children) 100 (TOTAL)	0.3
California EPA (OEHHA, 2008) (draft)	Chronic Reference Exposure Level (REL)	72 μ g/m ³ BMCL ₀₅ x 5/7 days x 10/20 m ³ /day = 26 μ g/m ³ (Roels <i>et al.</i> , 1992)	3 (subchronic study) 100 (intraspecies: 10 for toxicokinetic and 10 for toxicodynamic differences) 300 (TOTAL)	0.09
Bailey et al. (2009) (proposed)	Chronic Reference Concentrations (RfC)	60 μg/m ³ NOAEL x 5/7 days x 10/20 m ³ /day = 21 μg/m ³ (Gibbs et al., 1999; Deschamps et al., 2001; Young et al., 2005)	10 (intraspecies)	2
		200 μ g/m ³ BMCL ₁₀ x 5/7 days x 10/20 m ³ /day = 71 μ g/m ³ (Clewell <i>et al.</i> , 2003)	10 (intraspecies)	7

^a Human Equivalent Concentration (HEC) determined by Agency

Appendix B Resume of Dr. Barbara D. Beck

Areas of Expertise

Risk assessment, exposure assessment, toxicology, metals, inhaled pollutants, soil contaminants, historical knowledge of toxicology.

Education & Certifications

Ph.D., Molecular Biology and Microbiology, Tufts University, 1976.

A.B., Biology, Bryn Mawr College, 1968.

Diplomate of the American Board of Toxicology, 1988; recertified 1994, 1999, 2004, 2009.

Fellow, Academy of Toxicological Sciences, 2002 to Present.

Member, UK Register of Toxicologists, 2004; recertified 2007, 2009.

President, Academy of Toxicological Sciences, July 1, 2009 to June 30, 2010.

Professional Experience

1987 - Present GRADIENT, Cambridge, MA

Principal. Environmental consulting practice includes evaluation of chemical toxicity, health risk assessment for cancer and non-cancer endpoints, review of animal toxicology studies, and multimedia assessment of exposure to environmental chemicals. Special emphasis on metals and inhaled chemicals.

1985 – Present HARVARD SCHOOL OF PUBLIC HEALTH, Boston, MA Visiting Scientist in Toxicology.

1985 – 1987 REGION I ENVIRONMENTAL PROTECTION AGENCY, Boston, MA Regional Expert in Toxicology and Supervisory Scientist, Air Toxics Staff. Performed risk assessments for toxic air pollutants. General staff responsibilities included air impacts at waste sites, state air toxic programs, and US EPA radiation programs.

1979 – 1985 HARVARD SCHOOL OF PUBLIC HEALTH, Cambridge, MA Research Associate in Environmental Science and Physiology and Fellow in Interdisciplinary Programs in Health. Developed short-term animal bioassay for pulmonary toxicants. Editor and author of monograph on variations in susceptibility to inhaled pollutants for both cancer and noncancer endpoints.

1978 – 1979 TUFTS UNIVERSITY SCHOOL OF MEDICINE, Boston, MA Instructor in Protein Chemistry. Isolated phagocytosis inhibiting factor from immunoglobulin of individuals with inherited susceptibility to bacterial infections.

1977 – 1978 HARVARD UNIVERSITY, Cambridge, MA
Postdoctoral Fellow in Biology. Researched novel properties of bacterial protein elongation factor,

EF-Tu, relevant to possible role as a structural protein.

1975 – 1976 UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, Worcester, MA Postdoctoral Fellow in Microbiology. Isolated and analyzed messenger RNA from slime molds. Initiated project on elongation factor, EF-Tu.

Mid-America Course in Toxicology, 1988.

Pulmonary Pathophysiology, University of Vermont Medical School, 1979.

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